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APPLICANTS

Kevin W. Shimasaki, Woodinville, WA;
 Bethany L. Franko, Seattle, WA;
 Bette-Ann Shroyer, Lynnwood, WA; Mark E. Wentland, Lynnwood, WA;

** CONTINUING DATA *****

None SBM

** FOREIGN APPLICATIONS *****

None SBM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/10/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Janice R. McCallum SBM</i> Examiner's Signature	WA	4	17	3
	Initials				

ADDRESS

22242
 FITCH EVEN TABIN AND FLANNERY
 120 SOUTH LA SALLE STREET
 SUITE 1600
 CHICAGO, IL
 60603-3406

TITLE

Multi-positional seat

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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